

Premiums – 9 Month Full-Time Employee

September 1, 2021

For 9-month, full-time, monthly paid positions, premiums are prorated so that you pay **12 months of premiums over 9 months**. This means that you pay a full year of premiums by May 31. You do not have to pay premiums during the summer and you will have coverage, unless you are ending employment. Health premiums for the A&M Care plan below **include** a \$40 wellness premium for you and for your spouse, if enrolled, in the appropriate column. If you have completed your two-step wellness activities or are waived because you are newly enrolled, you will see a credit in Workday that will reduce your premium. Premiums increase by a prorated \$40 tobacco premium if you or your spouse is a tobacco user.

		Health		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost		
A&M Care	9-Months	\$942.43	\$40.00	\$1,731.87	\$454.72	\$1,463.12	\$300.35	\$2,037.09	\$607.33		
J Plan	9-Months	\$902.43	\$0.00	\$1,651.87	\$374.72	\$1,423.12	\$260.35	\$1,957.09	\$527.33		

		Dental		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost		
A&M Dental PPO	9-Months	\$39.23		\$78.43		\$82.35		\$125.49			
DeltaCare USA Dental HMO	9-Months	\$28.11		\$49.97		\$50.35		\$78.21			

		Vision		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost		
9-Months		\$10.13		\$21.49		\$16.61		\$29.63			

		AD&D		<i>Employee Only</i>		<i>Employee and Family</i>	
		Rate per \$10,000:	Monthly*	Rate per \$10,000:	Monthly*	Rate per \$10,000:	Monthly*
			\$0.10			\$0.24	

		Long-Term Disability		<i>Non-Tobacco Rate</i>		<i>Tobacco Rate</i>	
		Rate per \$100 of monthly salary:	Monthly*	Rate per \$100 of monthly salary:	Monthly*	Rate per \$100 of monthly salary:	Monthly*
			\$0.178			\$0.230	

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$2,750
Dependent Daycare Spending Account

Basic Life

The premium for this plan is usually paid by the employer contribution.

Basic Life: \$4.70 | Alternate Basic Life: \$.626 per \$1,000 of coverage

Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. *Monthly rate per \$1,000:*

Age		25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	
Non-Tobacco Rate	Monthly*	\$0.05	\$0.05	\$0.05	\$0.06	\$0.07	\$0.12	\$0.20	\$0.36	\$0.56	\$0.76	\$1.43	\$2.00
Tobacco Rate	Monthly*	\$0.10	\$0.10	\$0.10	\$0.12	\$0.14	\$0.24	\$0.40	\$0.72	\$1.12	\$1.52	\$2.86	\$4.00

Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

Spouse Plan B: \$1.05/month (flat rate) for \$5,000 in DL and AD&D

Child Plan B: \$0.32/month (flat rate) for \$5,000 in DL and AD&D

Plan C: 1/2 Alternate Basic Life premium; 1/10 if no spouse is covered

Age		Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Non-Tobacco Rate	Monthly*	\$0.05	\$0.06	\$0.08	\$0.09	\$0.10	\$0.15	\$0.23	\$0.43	\$0.66	\$1.27	\$2.06	\$2.06
Tobacco Rate	Monthly*	\$0.060	\$0.072	\$0.096	\$0.108	\$0.120	\$0.180	\$0.276	\$0.516	\$0.792	\$1.524	\$2.472	\$2.472

**Employees deducted over 9 months: After calculating your monthly rate, multiply the rate by 12 to get your annual total, and divide it by 9 months.*